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REQUEST

81545 Munich

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PCT		For receiving Office use only
	International Ap	Nisania- XV
REQUEST	- Value 7.37	patisation No.
_	International Fili	ng Date
The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.	1	
Cooperation freaty.	Name of receiving	Office and "PCT International Application"
Box No. 1 TITLE OF INTERNATION	Applicant's or ago	an's file reference tracters maximum) ZZ 406-18882.9
Box No. 1 TITLE OF INVENTION Prophylaxic and/or Therapy for Portal Hypertens	sion	400-10062.9
Box No. II APPLICANT This		
Name and address: (Family name followed by given name: for a legal and	is also inventor	
Name and address: (Family name followed by given name; for a logal entity the address must include postal code and name of country. The country of the Sax in the opplicant's State (thus is, variately) of randence if no State of resident Universitätsklinikum Freiburg	y, juli ojjicial designost e address inhirnied in i ca is indicated below.)	on. Telephone No.
Stefan-Meier-Strasse 8		Pacsimile No.
D-79104 Freiburg	•	Teleprinter No.
		Applicant's registration No. with the Office
State (that is, country) of nationality:		
Germany	State (that is, count Germany	y) of residence:
This person is applicant all designated in the United States in the United States		the United States The States indicated
BOX NO. III FURTHER APPLICANT(S) AND OR COUNTY	71.	of America only the Supplemental Box
The address and inc. (ramity hame followed by given name: for a legal entire	full official direction	
Box is the applicant's State (that is, country) of residence if no State of residence. KREISEL, Wolfgang	ddress indicated in this Is indicated below.)	1 6 7
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D-79100 Freiburg	•	applicant and inventor inventor unly White check-box is
D-19100 Fleiburg		marked, do not fill in below.)
Show 41		Applicant's registration No. with the Office
	ate (that is, country)	of residence:
This person is applicant	Scrmany	
for the purposes of: all designated States all designated States all designated States the United States		the United States of America only the States indicated in the Supplemental Box
Box No. IV AGENT OR COMMON REPRESENTATIVE: OI		COPPERDAMENT
The person identified below is hereby/has been appointed to act on be of the applicant(s) before the competent international Authorities as:	balf [50]	agent Common
Name and address: (Family name followed by observance: for a local with 6.1		representative
Hofer, Dorothea	y.)	Telephone No. 089/69 39 21-0
PRÜFER & PAKTNER GbR Patentanwälte		Facsimile No.
Harthauser Strasse 25 d	ì	089/642 22 38

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be cant. Form PCT/RO/101 (first sheet) (April 2005)

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Agent's registration No. with the Office

- l. If, in any of the Boxes, except Boxes Nos. VIII(i) to (v) for which a special consimuation box is provided, the space is insufficient to furnish all the information. In such case, write "Continuation of Box No..." (Indicate the number of the Box) and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient, in
- (i) if more than two persons are to be indicated as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Bax No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that it, country) of residence if no State of residence is indicated below;
- (ii) if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the Seases bulicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. III and No. III" as the case may be), indicate the name of the applicant(s) involved and next to (each such name, the State(s) (and/or, where applicable, ARIPO, Eurosian, European or OAPI patent) for the purposes of which the named person is applicant:
- (iii) If, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the invantorapplicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Box No. III" or "Continuation of Boxs No. II and No. III" (is the case may be), indicate the name of the traventor(s) and next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurosian, European or OAPI patent) for the purposes of which the numed person is inventor;
- (iv) if, in addition to the agent(s) indicated in Box No. IV, there are further agents in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as regulated in Box No. IV;
- (v) If in Box No. VI, there are more than three earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.
- 2. If the applicant intends to make an indication of the wish that the international application be treated, in certain designated States, as an application for a patent of addition, certificate of addition, inventor's certificate of addition or utility certificate of addition, insentor in such a case, write the name or two-letter code of each designated State concerned and the indication "patent of addition," "certificate of addition," "inventor's certificate of addition" or "utility certificate of addition," the number of the parent application or parent patent or other parent grant and the date of grant of the parent application (Rules 4.11(a)(iii) and 49hix 1(a) or (b)).
- 3. If the applicant intends to make an indication of the wish that the international application be treated, in the United States of America, as a continuation or continuation-in-part of an earlier application: in such a case, write "United States of America" or "US" and the indication "continuation" or "continuation-in-part" and the number and the filing date of the parent application (Rules 4.11(a)(tv) and 49bis.1(d)).

In addition to Box No. IV: Further representatives MATERNE, Jürgen FELDMEIER, Jürgen OSER, Andreas

PRÜFER & PARTNER GbR Harthauser Strasse 25 d 81545 Munich Tel.: 089/693921-0 Fax: 089/6422238

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	Box No. VIII (v)	Declaration as to non-prejudicial	disclosures or exceptions t	o lack of novelty	
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See Notes to the request form

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